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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

**Explicant(s):** Savidge et al.

**Group Art Unit: 3753** 

Serial No.: 10/664,335

Examiner: Ramesh Krishnamurthy

Filed: September 17, 2003

Attorney Docket: M02B153-1

Title:

Non-Return Valves for Vacuum Pumps

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

## CERTIFICATE OF MAILING

I hereby certify that this correspondence and every writing referred to herein as being enclosed is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on October 11, 2005

(Date)

BETTY LEE

Betty Lee

Printed name of person signing this certificate

Signature of person mailing

## **AMENDMENT**

Dear Sir:

In response to the Office Action dated May 10, 2005, please amend the above-identified application as follows:

Amendments to the claims begin on page 2.

Remarks begin on page 7.

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## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number 10 6 6 9 335

CLAIMS AS FILED - PART I (Column 1)					(Column 2)		_	SMALL ENTITY TYPE		OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			//				ſ	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	375.00	OR	BASIC FEE	750.00
TOTAL CHARGEABLE CLAIMS			// minus 20=		• /			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			= 1 minus 3		* 2		I	X42=		OR	X84=	16 S
MULTIPLE DEPENDENT CLAIM PRESENT							I	+140=		OR	+280=	
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CLAIMS AS AMENDED - PART					TII					•	OTHER	
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AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE)		RATE	ADDI- TIONAL FEE
	Total	* 34	Minus	**	90	= ιγ		X\$.8=	160	OR	X\$18=	800
	Independent	* 6	Minus	***	3	= 3	Ī	X44=	1900	OR	X84=	600
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AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
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AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	44		=	lſ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	1	X42=	-	OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAI						-					
• 1	If the entry in colu	mn 1 is less than t	ne entry in coli	ımn 2. write	e "0" in co	lumn 3.	L	+140=		OR	+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												